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MEMORANDUM

TO: Camp Owners/Operators

FROM: Howard S. Wensley, MS, CHO
Director

DATE: May 11, 2001

SUBJECT: Camp Information Update

The winter seems to have passed very quickly and the summer 2001 camp season is now upon us. The Department will continue its inspections of camps this summer. The priority will be inspecting those camps not yet inspected and the follow up of some of the violations noted over the previous several years. This memorandum is intended to provide camp owners and directors with a reminder of some of their responsibilities and to update you with new information and interpretive advisories.

Staff Background Checks –

- SORI's are still not available this year.
- Criminal Offender Record Information (CORI) is available and must be obtained wherever practical, for every staff person over the age of 17 who may have unsupervised contact with a camper. In order not to overwhelm the Criminal Systems History Board (CHSB) at this time of year, it is suggested that you immediately submit any new or renewal applications for approval to obtain Massachusetts CORI information. It is also strongly suggested that you submit your requests for individual staff CORIs as soon as you have hired the person and have their authorization. This should help in making sure there are "cleared" staff available to supervise campers as well as other staff who have not yet been cleared.

- CORIs must also be obtained wherever practical from other states where the staff have lived and/or gone to school.

Abuse and Neglect - Camp staff are mandated reporters. Any case of suspected abuse or neglect occurring a home or at camp must be submitted to the Department of Social Services. In addition, the local board of health must be informed that a referral has been made.

Bathing Beaches – In accordance with Massachusetts General Law, Chapter 111, 5S, the requirements for beach testing has changed. Effective immediately, weekly testing of the bathing water is required. The first test must be conducted no more than 5 days before the opening of camp. Also the indicator organism used for determining the bacterial quality of the water has changed. You should contact the Board of Health to determine what indicator organism you should be using. The regulations can be obtained at www.state.ma.us/dph/dcs/Bb4_01.pdf

Off-Site Administration of Medications - Often, a camper will travel on an outing with the camp organization away from the home base of the camp. If this camper requires prescribed medication, there are certain guidelines that must be followed. The Board of Nursing states that it is not acceptable practice for a camp nurse to remove a portion of medication from a prescription bottle and place it in an envelope or other substitute container to accommodate this situation; no repackaging of prescribed medication is allowed.

According to 105 CMR 430.160: Minimum Sanitation and Safety Standards For Recreational Camps For Children, “Medication prescribed for campers shall be kept in original containers bearing the pharmacy label...” Prescribed medication must **always** be kept in an original pharmacy container; no intermediary or substitute container is allowed. The medication must be taken from an original container and administered directly to the child by a licensed health care professional or when appropriate, a health supervisor authorized to administer prescription medication.

There are two possible measures that can be taken to ensure that repackaging does not occur:

- The original prescription container can be taken from the camp base as long as the medication remains in a locked case, in the possession of the licensed health care professional or health supervisor until return to the home base of the camp.
- The camp operator can require that parents supply the camp with two (2) original prescription containers for each type of prescription medication necessary for their child. Each original container would have an allotment of medication that would allow one container of medication to remain at the camp headquarters and the second original bottle to travel in a locked case, in the possession of the licensed health care professional or health supervisor, until return to the home base of the camp.

Please ensure that your camp is adhering to this requirement.

Immunization – All campers and staff must provide proof of having all the required immunizations. It is therefore essential that their immunization records be available and reviewed prior to their arrival at camp. Any person who does not have proof of complete immunization must be excluded. A statement that “immunizations are complete” or “up-to-date” is not sufficient. A month and year must be entered for each required immunization.

West Nile Virus – Enclosed is a copy of a Fact Sheet on the West Nile Virus. Among some of the risk reduction suggestions are the elimination of standing water, limiting out door activity between dusk and dawn, ensuring window and door screens are intact and using a mosquito repellant that contains DEET.

Building Inspections – All buildings utilized by a camp for sleeping or assembly purposes must have a Certificate of Occupancy issued by the local building inspector. Residential buildings must be inspected annually, places of assembly, every five years.

Injury Reports – Reports of fatalities and serious injuries occurring at camp must be reported to the Department. Those injuries that must be reported are those where the camper or staff person is sent home, is brought to the hospital or physician’s office and where a positive diagnosis is made. Things such as bruises, contusions, splinters, routine insect bites do not need to be reported. A copy of the Injury Report Form is enclosed.

Enclosures

West Nile Virus

Injury Report Form

cc: Boards of Health